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CONFIRMATION NO. 2619

SERIAL NUMBER 10/817,367	FILING OR 371(c) DATE 04/05/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.	
APPLICANTS Zoltan Egeresi, Santa Cruz, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/18/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
ADDRESS ZOLTAN EGERESI 5500 COAST RD. SANTA CRUZ, CA95060					
TITLE MULTI USER ORAL CLEANSING DEVICE, DENTALJET					
FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		